

***SAMPLE COMPLAINT FOR MODIFICATION
FOR INFORMATION ONLY***

COMMONWEALTH OF MASSACHUSETTS
TRIAL COURT
PROBATE & FAMILY COURT DEPARTMENT

[1] COUNTY OF COURT, ss.

Docket No. [2] DOCKET NUMBER

[3] YOUR FIRST AND LAST NAME

Plaintiff

v.

[4] THE OTHER PARENT'S FIRST AND LAST NAME

Defendant

COMPLAINT FOR
MODIFICATION

1. The plaintiff, [5] YOUR FIRST AND LAST NAME, resides at [6] YOUR STREET ADDRESS, CITY/TOWN, AND COUNTY County, Massachusetts. The defendant, [7] THE OTHER PARENT'S FIRST AND LAST NAME, resides at [8] THE OTHER PARENT'S STREET ADDRESS, CITY/TOWN, AND COUNTY County, Massachusetts.

2. The Child Support Enforcement Division of the Massachusetts Department of Revenue is an interested party in this case pursuant to the provisions of G.L. c. 119A, §§ 2 and 3.

3. This Court, on [9] DATE OF SUPPORT ORDER THAT YOU ARE TRYING TO CHANGE, Docket No.

[10] DOCKET NUMBER, ordered that [11] NAME OF PARENT WHO WAS ORDERED TO PAY SUPPORT pay \$

[12] AMOUNT OF CHILD SUPPORT ORDER per [13] WEEK/MONTH/ETC. as child support.

4. There is an inconsistency between the amount of the existing order and the amount that would result from application of the Child Support Guidelines issued by the Chief Justice for Administration and Management for the following reason:

[14] REASON YOU WANT TO CHANGE THE AMOUNT OF CHILD SUPPORT ORDER

(PLEASE CHOOSE ONE OF THE REASONS LISTED IN THE INSTRUCTIONS FOR LINE NUMBER 14 AND COPY IT EXACTLY).

5. Wherefore, plaintiff requests that the court order that the judgment(s) of [15] DATE OF SUPPORT ORDER THAT YOU ARE TRYING TO CHANGE, Docket No. [16] DOCKET NUMBER, be modified by entering a judgment in accordance with the Child Support Guidelines.

Date: [17] DATE YOU SIGN THE COMPLAINT

[18] YOUR SIGNATURE

[19] YOUR FIRST AND LAST NAME

Plaintiff

[20] YOUR MAILING ADDRESS

Address

[21] YOUR CITY/TOWN, STATE, AND ZIP CODE

[22] YOUR TELEPHONE NUMBER

Telephone Number